SCHMITT WOODLAND HILLS, INC. 1400 WEST SEMINARY STREET RICHIAND CENTER 53581

RI CHLAND CENTER 53581 Phone: (608) 647-8931 Ownership: Non-Profit Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Yes Number of Beds Set Up and Staffed (12/31/01): 25 Title 18 (Medicare) Certified? No Total Licensed Bed Capacity (12/31/01): 25 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 25 Average Daily Census: 25 \* \*

| Services Provided to Non-Residents |      | Age, Sex, and Primary Diagn | osis of      | Length of Stay (12/31/01) | %       |                          |          |
|------------------------------------|------|-----------------------------|--------------|---------------------------|---------|--------------------------|----------|
| Home Health Care                   | No   | Primary Diagnosis           | %            | Age Groups                | %       | Less Than 1 Year         | 32. 0    |
| Supp. Home Care-Personal Care      | No   |                             |              |                           |         | 1 - 4 Years              | 60. 0    |
| Supp. Home Care-Household Services | Yes  | Developmental Disabilities  | 0. 0         | Under 65                  | 0.0     | More Than 4 Years        | 8. 0     |
| Day Services                       | No   | Mental Illness (Org./Psy)   | <b>76.</b> 0 | 65 - 74                   | 8. 0    |                          |          |
| Respite Care                       | Yes  | Mental Illness (Other)      | 4. 0         | 75 - 84                   | 20.0    |                          | 100. 0   |
| Adult Day Care                     | No   | Alcohol & Other Drug Abuse  | 0. 0         | 85 - 94                   | 44.0    | *********                | ******   |
| Adult Day Health Care              | No   | Para-, Quadra-, Hemi plegic | 4. 0         | 95 & 0ver                 | 28. 0   | Full-Time Equivaler      | nt       |
| Congregate Meals                   | No   | Cancer                      | 0. 0         | ĺ                         | Í       | Nursing Staff per 100 Re | si dents |
| Home Delivered Meals               | No   | Fractures                   | 0. 0         |                           | 100.0   | (12/31/01)               |          |
| Other Meals                        | No   | Cardi ovascul ar            | 8. 0         | 65 & 0ver                 | 100. 0  |                          |          |
| Transportati on                    | Yes  | Cerebrovascul ar            | 0. 0         | '                         |         | RNs                      | 20. 5    |
| Referral Service                   | No   | Di abetes                   | 0. 0         | Sex                       | %       | LPNs                     | 0. 0     |
| Other Services                     | No   | Respi ratory                | 8. 0         |                           | Ì       | Nursing Assistants,      |          |
| Provi de Day Programming for       |      | Other Medical Conditions    | 0. 0         | Male                      | 12.0    | Aides, & Orderlies       | 38. 4    |
| Mentally Ill                       | No   |                             |              | Femal e                   | 88. 0   |                          |          |
| Provi de Day Programming for       |      |                             | 100.0        |                           | j       |                          |          |
| Developmentally Disabled           | No   |                             |              |                           | 100. 0  |                          |          |
| ************                       | **** | ***********                 | *****        | ,<br>*******              | ******* | **********               | *****    |

## Method of Reimbursement

|                     |      | edicare<br>itle 18 |                      |     | edicaid<br>itle 19 | -                    |     | 0ther |                      |     | Pri vate<br>Pay | •                    | ]   | Family<br>Care |                     |     | anaged<br>Care | l                   |                          |       |
|---------------------|------|--------------------|----------------------|-----|--------------------|----------------------|-----|-------|----------------------|-----|-----------------|----------------------|-----|----------------|---------------------|-----|----------------|---------------------|--------------------------|-------|
| Level of Care       | No.  | %                  | Per<br>Di em<br>(\$) | No. | %                  | Per<br>Di em<br>(\$) | No. | %     | Per<br>Di em<br>(\$) | No. | %               | Per<br>Di em<br>(\$) | No. | %              | Per<br>Diem<br>(\$) | No. | %              | Per<br>Diem<br>(\$) | Total<br>Resi -<br>dents |       |
| Int. Skilled Care   | 0    | 0. 0               | 0                    | 0   | 0. 0               | 0                    | 0   | 0.0   | 0                    | 0   | 0. 0            | 0                    | 0   | 0. 0           | 0                   | 0   | 0.0            | 0                   | 0                        | 0. 0  |
| Skilled Care        | 0    | 0.0                | 0                    | 18  | 100.0              | 118                  | 0   | 0.0   | 0                    | 5   | 100.0           | 138                  | 2   | 100.0          | 118                 | 0   | 0.0            | 0                   | 25                       | 100.0 |
| Intermedi ate       |      |                    |                      | 0   | 0.0                | 0                    | 0   | 0.0   | 0                    | 0   | 0.0             | 0                    | 0   | 0.0            | 0                   | 0   | 0.0            | 0                   | 0                        | 0.0   |
| Limited Care        |      |                    |                      | 0   | 0.0                | 0                    | 0   | 0.0   | 0                    | 0   | 0.0             | 0                    | 0   | 0.0            | 0                   | 0   | 0.0            | 0                   | 0                        | 0.0   |
| Personal Care       |      |                    |                      | 0   | 0.0                | 0                    | 0   | 0.0   | 0                    | 0   | 0.0             | 0                    | 0   | 0.0            | 0                   | 0   | 0.0            | 0                   | 0                        | 0.0   |
| Residential Care    |      |                    |                      | 0   | 0.0                | 0                    | 0   | 0.0   | 0                    | 0   | 0.0             | 0                    | 0   | 0.0            | 0                   | 0   | 0.0            | 0                   | 0                        | 0.0   |
| Dev. Di sabl ed     |      |                    |                      | 0   | 0.0                | 0                    | 0   | 0.0   | 0                    | 0   | 0.0             | 0                    | 0   | 0.0            | 0                   | 0   | 0.0            | 0                   | 0                        | 0.0   |
| Traumatic Brain Inj | 0    | 0.0                | 0                    | 0   | 0.0                | 0                    | 0   | 0.0   | 0                    | 0   | 0.0             | 0                    | 0   | 0.0            | 0                   | 0   | 0.0            | 0                   | 0                        | 0.0   |
| Ventilator-Dependen | nt 0 | 0.0                | 0                    | 0   | 0.0                | 0                    | 0   | 0.0   | 0                    | 0   | 0.0             | 0                    | 0   | 0.0            | 0                   | 0   | 0.0            | 0                   | 0                        | 0.0   |
| Total               | 0    | 0.0                |                      | 18  | 100.0              |                      | 0   | 0.0   |                      | 5   | 100.0           |                      | 2   | 100.0          |                     | 0   | 0.0            |                     | 25                       | 100.0 |

SCHMITT WOODLAND HILLS, INC.

| ***********                    | *****        | *********             | *******       | ******   | ******        | **********                 | ********     |
|--------------------------------|--------------|-----------------------|---------------|----------|---------------|----------------------------|--------------|
| Admi ssi ons, Di scharges, and |              | Percent Distribution  | of Residents' | Condi ti | ons, Services | , and Activities as of 12/ | /31/01       |
| Deaths During Reporting Period |              |                       |               |          |               |                            |              |
|                                |              |                       |               | 9        | % Needi ng    |                            | Total        |
| Percent Admissions from:       |              | Activities of         | %             |          | sistance of   | <i>J</i>                   | Number of    |
| Private Home/No Home Health    | 0.0          | Daily Living (ADL)    | Independent   | 0ne      | Or Two Staff  | Dependent                  | Resi dents   |
| Private Home/With Home Health  | 6. 3         | Bathi ng              | 0.0           |          | 36. 0         | 64. 0                      | 25           |
| Other Nursing Homes            | <b>25.</b> 0 | Dressi ng             | 0.0           |          | 24. 0         | 76. 0                      | 25           |
| Acute Care Hospitals           | 37. 5        | Transferri ng         | 0.0           |          | 76. 0         | 24. 0                      | 25           |
| Psych. HospMR/DD Facilities    | 0.0          | Toilet Use            | 0.0           |          | 40. 0         | 60. 0                      | 25           |
| Rehabilitation Hospitals       | 0.0          | Eati ng               | 12. 0         |          | 64. 0         | 24. 0                      | 25           |
| Other Locations                | 31.3         | **************        | ******        | ******   | ******        | *********                  | ******       |
| Total Number of Admissions     | 16           | Continence            |               | %        | Special Treat | tments                     | %            |
| Percent Discharges To:         |              | Indwelling Or Externa | ıl Catheter   | 8. 0     | Recei vi ng   | Respi ratory Care          | 0.0          |
| Private Home/No Home Health    | 0.0          | Occ/Freq. Incontinent | of Bladder    | 72. 0    |               | Tracheostomy Care          | 0.0          |
| Private Home/With Home Health  | 6. 3         | Occ/Freq. Incontinent | of Bowel      | 48. 0    | Recei vi ng   | Sucti oni ng               | 0.0          |
| Other Nursing Homes            | 6. 3         | _                     |               |          | Recei vi ng   | Ostomy Care                | 4. 0         |
| Acute Care Hospitals           | 6. 3         | Mobility              |               |          | Recei vi ng ' | Tube Feeding               | 0.0          |
| Psych. HospMR/DD Facilities    | 0.0          | Physically Restrained | l             | 8. 0     | Recei vi ng   | Mechanically Altered Diets | s 12. 0      |
| Rehabilitation Hospitals       | 0.0          |                       |               |          | _             | -                          |              |
| Other Locations                | 6. 3         | Skin Care             |               |          | Other Reside  | nt Characteristics         |              |
| Deaths                         | <b>75.</b> 0 | With Pressure Sores   |               | 0. 0     | Have Advan    | ce Directives              | 96. 0        |
| Total Number of Discharges     |              | With Rashes           |               | 8. 0     | Medi cati ons |                            |              |
| (Including Deaths)             | 16           |                       |               |          | Recei vi ng   | Psychoactive Drugs         | <b>52.</b> 0 |
|                                |              |                       |               |          |               |                            |              |
| **********                     | *****        | *********             | ******        | ******   | ******        | ********                   | ******       |

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

| ************************************                 |   |              |        |         |                 |              |                 |        |        |  |  |
|--|---|--------------|--------|---------|-----------------|--------------|-----------------|--------|--------|--|--|
|  | Ownership:<br>This Nonprofit<br>Facility Peer Group |              |        |         | Si ze:<br>er 50 |              | ensure:<br>lled | Al     | 1      |  |  |
|  |   |              |        | Group   | Peer Group      |              | Facilities      |        |        |  |  |
|  | %   | 3            |        | % Ratio |                 | % Ratio      |                 | %      | Ratio  |  |  |
|  |   | ,,           | 144010 | 70      |                 | ,,           | 2007 0          | ,,     | 144010 |  |  |
| Occupancy Rate: Average Daily Census/Licensed Beds   | 100. 0  | 88. 9        | 1. 12  | 88. 0   | 1. 14           | 84. 4        | 1. 18           | 84. 6  | 1. 18  |  |  |
| Current Residents from In-County                     | 96. 0   | <b>78. 4</b> | 1. 22  | 74. 3   | 1. 29           | 75. 4        | 1. 27           | 77. 0  | 1. 25  |  |  |
| Admissions from In-County, Still Residing            | 43.8  | 25.3         | 1. 73  | 36. 2   | 1. 21           | 22. 1        | 1. 98           | 20. 8  | 2. 10  |  |  |
| Admissions/Average Daily Census                      | 64. 0   | 108. 1       | 0. 59  | 110. 6  | 0. 58           | 118. 1       | 0. 54           | 128. 9 | 0. 50  |  |  |
| Discharges/Average Daily Census                      | 64. 0   | 107.3        | 0. 60  | 90. 2   | 0. 71           | 118. 3       | 0. 54           | 130. 0 | 0. 49  |  |  |
| Discharges To Private Residence/Average Daily Census | 4. 0  | 37. 6        | 0. 11  | 23. 0   | 0. 17           | 46. 1        | 0.09            | 52. 8  | 0. 08  |  |  |
| Residents Receiving Skilled Care                     | 100   | 90. 9        | 1. 10  | 81.8    | 1. 22           | 91. 6        | 1. 09           | 85. 3  | 1. 17  |  |  |
| Residents Aged 65 and Older                          | 100   | 96. 2        | 1. 04  | 96. 8   | 1. 03           | 94. 2        | 1.06            | 87. 5  | 1. 14  |  |  |
| Title 19 (Medicaid) Funded Residents                 | 72. 0   | 67. 9        | 1.06   | 79. 1   | 0. 91           | 69. 7        | 1.03            | 68. 7  | 1. 05  |  |  |
| Private Pay Funded Residents                         | 20. 0   | 26. 2        | 0. 76  | 18. 6   | 1.08            | 21. 2        | 0. 94           | 22. 0  | 0. 91  |  |  |
| Developmentally Disabled Residents                   | 0. 0  | 0. 5         | 0.00   | 0. 4    | 0.00            | 0.8          | 0.00            | 7. 6   | 0. 00  |  |  |
| Mentally Ill Residents                               | 80. 0   | 39. 0        | 2.05   | 60. 5   | 1. 32           | 39. 5        | 2.03            | 33. 8  | 2. 37  |  |  |
| General Medical Service Residents                    | 0. 0  | 16. 5        | 0. 00  | 11. 1   | 0.00            | 16. 2        | 0.00            | 19. 4  | 0.00   |  |  |
| Impaired ADL (Mean)                                  | 74. 4   | 49. 9        | 1. 49  | 46. 3   | 1. 61           | 48. 5        | 1. 53           | 49. 3  | 1. 51  |  |  |
| Psychological Problems                               | <b>52.</b> 0  | 48. 3        | 1.08   | 62. 1   | 0.84            | <b>50. 0</b> | 1.04            | 51. 9  | 1. 00  |  |  |
| Nursing Care Required (Mean)                         | 3. 0  | 7. 0         | 0. 43  | 4. 3    | 0. 69           | 7. 0         | 0. 43           | 7. 3   | 0. 41  |  |  |